

The Role of Deployment-Related Clinical Practice Guidelines in Primary Care

Slide 1 – Title – The Role of Deployment-Related Clinical Practice Guidelines in Primary Care

Slide 2 – Learning Objectives

Provide a brief overview of VA/DoD clinical practice guidelines for deployment-related medical and behavioral health conditions

Describe the tools and resources supporting the guidelines

Describe implementation of these guidelines in the military

Slide 3 – Clinical Practice Guidelines - Defining “the Right Thing to Do”

The Institute of Medicine defines clinical practice guidelines as: “...systematically developed statements to assist practitioner and patient decisions about appropriate health care services for specific clinical circumstances.”

They are also one strategy to improve quality of care and utilization of resources by systematizing “best practices”. As CPGs are implemented as standards of care, they can serve as monitoring tools for quality assessment and quality improvement. They also assist in facilitating learning and in conducting clinical research.

It is important to acknowledge, however, that the use of guidelines must always be applied in the context of a provider’s clinical judgment for the care of a particular patient. In that context then, guidelines may be viewed as an educational tool analogous to textbooks and journals, but in a more user-friendly format.

Slide 4 - VA/DoD Clinical Practice Guidelines

DoD has made it a priority to implement evidence-based CPGs as a means of improving and standardizing the quality of care provided to its beneficiaries. Since 1988 the VA and DoD have worked together to adapt internationally recognized CPGs to meet the requirements of the military and veterans healthcare systems. A VA/DoD Working Group chose the guidelines based on consideration of readiness needs of the military as well as the high-volume, high-cost health conditions treated in the medical treatment facilities. The guidelines have been developed by multi-disciplinary representatives from DoD; the Army, Navy, Air Force; and the Veterans Health Administration. To assist providers in implementing the guidelines, supporting material including tool kits and metrics have been developed. As of January 2007, 24 guidelines have been adapted.

Slide 5 - What Are Clinical Practice Guideline “Tool Kits”?

Tool Kits consist of various materials for both providers and patients that were developed to support the implementation of specific clinical practice guidelines. Provider tools include items such as reference cards, forms, and videos. Material developed for patient education includes handouts and

posters.

The development of standardized tools for all providers to use has been viewed as a strategy for supporting changes in practice and for assisting in enhancing quality of care. Common processes and forms for documenting care can also be useful in developing a systematic method for measuring progress in improving processes and outcomes of care. Periodically updating the tools provides the opportunity to make changes in the process.

These centrally produced products can be replicated by all MTFs for their own use. The advantages of developing tools centrally are that it prevents the need for each MTF to “reinvent the wheel”, and it is easier for staff and patients who move to different facilities within DoD to use the same tools at each location.

Slide 6 – Who Is Responsible for CPG Policies and Dissemination?

In the military, the responsibility for development of implementation policies and dissemination of VA/DoD clinical practice guidelines rests with designated agencies within the individual services. In the Army, the Medical Command's Quality Management Office is responsible. In the Air Force, it is the Air Force Medical Service Population Health Office, and in the Navy, it is the Bureau of Medicine and Surgery's Clinical Operations department. At the local MTF level, in the Army the Quality or Utilization Management Offices are responsible for the oversight of all the clinical practice guidelines, however champions for individual CPGs may be chosen from other departments. In the Air Force, the Health Care Integrators coordinate implementation of the CPGs whereas in the Navy, the determination of who is responsible for guideline implementation is made by the local command. To assist MTFs implement practice guidelines, DoD developed manuals for "Putting Practice Guidelines to Work in the Department of Defense Medical System" and for "Clinical Practice Guideline Champions"

Slide 7 - Military Health System – Clinical Quality Management (MHS-CQM)

The National Quality Management Program (or NQMP) is a Department of Defense program created in 1995 to improve the quality of care provided to Military Health System beneficiaries through the provision of educational and analytical support and external peer review. As of 28 January 2007, the NQMP was renamed the Military Health System – Clinical Quality Management. The program is under the TRICARE Management Activity Office of the Chief Medical Officer. In the past few years, NQMP has performed several special studies on screening and management of deployment-related issues such as the Post-Deployment Health CPG, depression and PTSD. The NQMP Web site contains reports of these special studies, some of which are written as free CME/CEU presentations. <https://www.mhs-cqm.info/>.

Slide 8 - NQMP Special Study 2006 - Use of Clinical Practice Guidelines in MHS

DoD has made a substantial investment in supporting evidence-based healthcare through the development and fielding of clinical practice guidelines. To evaluate the level of CPG implementation across the Direct Care System, NQMP conducted a special survey in 2006. A Web-enabled questionnaire was distributed to approximately 4600 primary care managers. Despite intensive follow-up activities focused on increasing the response rates, only 588 PCMs or 13 ½ % responded. Broken down by service, this represented around 13% for the Army, 18% for the Air

Force and 9 ½ % for the Navy. The respondents tended to work in outpatient primary care settings; had been in the MHS for 10 years or less; and received their professional training in the past 5 years. The vast majority had some training in the use of CPGs. Although the survey showed that providers overwhelmingly viewed CPGs as evidence-based standards of care, it also showed a surprising lack of awareness and infrequent use of VA/DoD CPGs and their associated tool kits. Also, whereas the hypertension CPG showed the highest usage (approximately 27%), only approximately 19% said they were using the major depressive disorder CPG and only approximately 7% were using the Post-Deployment Health CPG. The study report recommended efforts to increase the awareness and usage of CPGs by primary care providers in the MHS.

To ensure that everyone here is aware of where they can find the VA/DoD guidelines and supporting tools, the next three slides are a brief overview of the main Web sites for the guidelines.

Slide 9 - VA Office of Quality and Performance (OQP) Web Site

The Veterans Health Administration's Office of Quality and Performance provides a Web site that contains all of the approved VA/DoD clinical practice guidelines <http://www.oqp.med.va.gov/cpg/cpg.htm>. For each CPG, all the supporting material is also available. This includes the comprehensive guideline, the components of the tool kit, measurement tools, and links to related CPGs and guideline communities, if applicable.

Slide 10 - US Army MEDCOM Quality Management Office (QMO) Web Site

Since the Army serves as DoD's lead for all clinical practice guideline initiatives, the US Army Medical Command Quality Management Office maintains a Web site with all CPG material <https://www.qmo.amedd.army.mil/>. This Web site also provides an on-line ordering system for CPG Tool Kits and their contents.

Slide 11 - Worldwide Web Support for Post-Deployment Health Care www.PDHealth.mil

In 1992, the Deployment Health Clinical Center created its Web site, PDHealth.mil, to assist clinicians in the delivery of post-deployment health care. The Web site contains information on all deployments and deployment cycle support; specific diseases and emerging health concerns; and a Web-navigable version of the Post-Deployment Health Clinical Practice Guideline with online measures and clinical tools to assist in implementing the PDH-CPG. It also has a daily on-line newsletter containing current deployment-related news articles; patient education material; and material designed for clinical education and training.

Slide 12 – What are the VA/DoD Deployment-Related Clinical Practice Guidelines?

The VA/DoD Clinical Practice Guidelines that are most closely related to deployment concerns are:

- The Post-Deployment Health
- The Medically Unexplained Symptoms
- The Amputation Rehabilitation CPG – which is in its final editing stage and therefore won't be discussed further at this time
- The Major Depressive Disorder and
- The Post Traumatic Stress Disorder

Slide 13 - Why Focus on Post-Deployment Health Care? - because our workplace may be hazardous to health

As we all know, deployment is a significant event in people's lives and affects not only those who deploy but also their family and co-workers. Deployment has the potential for causing long-term effects on both their physical and mental health. As we learned after Vietnam and the Gulf War, the post-deployment period is a crucial time for carrying out medical evaluations and providing appropriate care to address the healthcare needs and concerns of returning service members and their families.

Slide 14 - DoD Post-Deployment Health Programs Timeline

The Post-Deployment Health Clinical Practice Guideline grew out of the lessons learned from the 1st Gulf War. In response to the Gulf War, the Department of Defense developed the Comprehensive Clinical Evaluation Program (CCEP) which was a standardized program of comprehensive evaluations in a specialty care clinic setting.

In 1999, Congress created three Deployment Health Centers of Excellence designed to address the need for surveillance, research and clinical care for health concerns related to all deployments. The Gulf War Clinic at WRAMC was chosen to become the Deployment Health Center of Excellence for clinical care and changed its name to the DoD Deployment Health Clinical Center (DHCC).

At the request of Congress, the Institute of Medicine (IOM) reviewed the CCEP and recommended moving the program from a specialty setting to a primary care setting and creating a clinical practice guideline for post-deployment health.

Slide 15 - Post-Deployment Health Clinical Practice Guideline (PDH-CPG)

In response to these recommendations, the Department of Defense and the Veterans Health Administration convened an expert multi-disciplinary panel to develop a CPG for post-deployment health evaluation and management.

The PDH-CPG was completed; field tested; and initiated with a worldwide satellite broadcast to all military medical treatment facilities in January 2002. To assist in implementing the CPG, Tool Kits were distributed to all MTFs.

Since the Guideline was published, there have been no changes except for a modification of the procedure for coding post-deployment clinic visits, which I will discuss a little later.

Slide 16 - PDH-CPG Use Mandated by Health Affairs – April 2002

The PDH-CPG is the only CPG that is mandated by Health Affairs. All the other CPGs are implemented at the discretion of the military services or the local medical treatment facility.

Slide 17 – Overview of PDH-CPG

The simplest way to think about the Post-Deployment Health Clinical Practice Guideline is to visualize that there are three pathways by which patients can be identified as needing care under the

Guideline, and the Guideline is composed of three algorithms which categorize and provide guidance for risk communication and evaluation and management of patients with post-deployment health concerns and conditions. Each algorithm has specific ICD9 coding which must be used to appropriately document the visit. The code V70.5_6 was created specifically to be able to track patients with deployment-related concerns and conditions. It indicates a visit used to evaluate, clarify, treat, or provide information regarding one or more patient or provider based post-deployment health concerns. This code does not necessarily establish or imply causality between any of the provider's diagnoses and any particular deployment

The 3 categories and algorithms are:

- Patients with deployment-related concerns but who have no symptoms or illness – referred to as “asymptomatic concerned” Algorithm 1
- Patients with a well-defined disease or condition who are concerned that the condition may be related to deployment Algorithm 3, and
- Those patients with persistent deployment-related symptoms that lack a clear medical explanation, referred to as medically unexplained symptoms or medically unexplained physical symptoms Algorithm 2

The 3 pathways for identifying patients with deployment-related problems are through screening:

- As part of the Post-Deployment Health Assessment or PDHA
- As part of the Post-Deployment Health Reassessment or PDHRA, and
- In the primary care clinic setting, which was developed as the primary pathway for entry into the Guideline?

Slide 18 - Military Unique Vital Sign = Deployment-Related Question

The Guideline requires that all persons (not just active duty) must be asked the question “*Is your health concern today related to a deployment?*” during every primary care visit, except visits for wellness services such as periodic exams and preventive care. This deployment-related question has come to be known as the military-unique vital sign because it is included during screening for the other vital signs. It is important that the answer to the question must be from the patient's perspective not the screener's or provider's and that screeners should be taught how to ask the question, how to answer any questions that the patient may have about why they are being asked the question, and how to document the reply in AHLTA or on a stamped or overprinted SF600.

Slide 19 - Stepped Risk Communication Strategy for the PDH-CPG

The PDH Guideline is organized in a stepped care manner using less intensive and less expensive strategies for patients with basic needs and intensifying or stepping up the care for those with more complex needs. Risk communication, which refers to a process for building and maintaining a good provider-patient partnership based on trust and the effective exchange of information about an actual or perceived risk, is a key element of the Guideline.

At the simplest, where the patient's concern is not a major factor, building trust and rapport with the patient may be sufficient. More intensive involvement is needed as the patient's concerns and symptoms increase as I will present in subsequent slides.

Slide 20 - Asymptomatic Concerned Example

This slide provides an example of a patient who falls into the Asymptomatic Concerned category of the Guideline. Although the soldier has no symptoms, he is concerned about potential exposure to depleted uranium when he was in Iraq.

Slide 21 - Asymptomatic Concerned Algorithm 1 - Definition and Management

The first algorithm provides guidance for the management of the asymptomatic concerned patient. The concerns may be related not only to things that the patient has experienced but also to things that the patient has read or heard about in the media. Management of these patients is through identification of the concern and provision of specific education regarding the concern. A 30- minute follow-up appointment is recommended. Although it is hard to find time in busy clinics, the purpose of the 30 minute follow-up is to give the provider time to educate the patient adequately about the concern. The code for asymptomatic concerned visits is V65.5 in the primary position and V70-5_6 in the secondary position.

Slide 22 - DHCC Depleted Uranium Resources

In researching the patient's concern about DU, a very useful resource is the DU Page on the DHCC Web site <http://www.pdhealth.mil/du.asp> which includes:

- Copies of DoD and service-specific DU policies and directives
- Clinical guidance for managing patients with DU exposure
- DU evaluation and testing forms
- Patient and provider educational material
- Research articles, and
- Related links

Slide 23 - Established Diagnosis Algorithm 3 - Definition and Management

The third algorithm of the PDH-CPG deals with patients with deployment-related injuries or conditions in whom a diagnosis can be established. Once a diagnosis is established, management and education of the patient should then be guided by the applicable disease-specific CPG. Coding for patients with a diagnosed deployment-related condition consists of the ICD9 code for the condition first and then V70.5_6 to indicate the condition is deployment-related.

Slide 24 - Medically Unexplained Symptoms Algorithm 2 - Definition and Management

Algorithm 2, which is the most complex, was developed for the patient with medically unexplained symptoms (MUS). Management of this type of patient has been called the "bread and butter" of primary care, both civilian and military. What makes the management of MUS patients in the military setting different from the civilian setting is that service members may associate their signs and symptoms with a deployment-related experience. This association is very powerful and introduces a host of strong concerns and emotions related to the signs and symptoms. The management of MUS emphasizes refocusing the patients' attention from their symptoms and providing them with education on MUS and self-management strategies to improve their functional status and quality of life. In addition to the PDH-CPG, there is a separate VA/DoD Clinical Practice Guideline for

Medically Unexplained Symptoms. Consultation and assistance for management of patients with MUS can be obtained from DHCC through its Clinicians Helpline. As a final step, the three-week course of treatment through the Specialized Care Program at DHCC may be appropriate. The ICD9 code for MUS is 799.89.

Slide 25 – Supporting Forms and Assessment/Outcome Tools

DD Form 2844 is an optional form that was developed as part of the original Tool Kit. It is useful for evaluating patients with multiple or complicated deployment-related concerns and conditions

Other resources that are available are several assessment and outcome tools. One of these tools is the SF 36 which provides a measure of quality of life and functional status. Another tool is the PHQ which measures common somatic and psychiatric symptoms. The PCL is a validated tool for screening for PTSD and the PDCAT, which was developed by the DHCC, measures certain aspects of physical and mental health.

Slide 26 - Deployment-Related Visit Coding

The following two slides are revisions of the slides in your syllabus. The revisions are based on the newly released 2007 Coding Guidance from the Unified Biostatistical Utility or UBU, which is part of DoD/Health Affairs. In addition to the old codes for pre, during and post-deployment, 3 new codes have been added to document visits in which the pre- and post deployment health assessment and post-deployment health reassessment forms are completed.

Slide 27 – Deployment-Related Visit Coding (continued)

These codes are placed in the primary position when documenting an exam, assessment, or screening encounter when the purpose of the encounter is specifically deployment-related. They are placed in the subsequent position when documenting an encounter whose primary purpose was not specifically deployment-related, but deployment-related concerns were found that should be coded as additional diagnoses.

Slide 28 - Original 2002 PDH-CPG Tool Kit

The original Tool Kit that was unveiled in 2002 had lots of important and useful information, but it was big and bulky and as a result, it often ended up in a closet.

Slide 29 - PDH-CPG Desk Reference Toolbox

In spring 2003 in response to Operations Enduring and Iraqi Freedom, DHCC implemented a plan to revitalize the PDH-CPG. Part of the plan was a re-design of the original Tool Kit to provide a tool that would be easier for primary care providers to use. The revised Toolbox is a sturdy, portable box which fits neatly on the desktop and contains pocket-sized laminated reference cards.

The contents of the Toolbox include:

- 1) Desk Reference Cards with concise information and reminders about the PDH-CPG and certain Emerging Health Concerns.
- 2) Compact Discs with the PDH-CPG Interactive Guideline and training videos on the PDH-

CPG and some emerging health concerns, and
3) Sample copies of Clinician and Patient Brochures

Toolbox distribution to all primary care providers in every Military Medical Treatment Facility began in July 2004. The entire contents of the Toolbox can be found on PDHealth.mil
<http://www.pdhealth.mil/guidelines/toolbox.asp>.

Slide 30 - PDH-CPG Training Multi-Media

To increase healthcare providers' understanding and use of the Guideline, DHCC produced two modular training videos in January 2004. The PDH-CPG Training Briefs consist of seven short video modules covering the elements of the Guideline and the Pre- and Post-Deployment Health Assessment process. The Deployment Health Clinical Training Series has eleven somewhat longer modules that provide more in depth information on the Guideline plus modules on several Emerging Health Concerns. This series includes a video, slides and written text for each module. Both are on compact discs (CDs) in the Toolbox and also can be viewed on PDHealth.mil.

Slide 31 - Institute of Medicine Report

In October 2000, the Committee on Strategies to Protect the Health of Deployed U.S. Forces, which is charged with advising DoD, released a report describing six major strategies that require greater effort by DoD. The 5th strategy recommends implementing strategies to address medically unexplained symptoms in populations that have been deployed. One response to the recommendations was the development of a clinical practice guideline for medically unexplained symptoms.

Slide 32 - Medically Unexplained Symptoms Clinical Practice Guideline

The VA/DoD Clinical Practice Guideline for Management of Medically Unexplained Symptoms (MUS): Chronic Pain and Fatigue (MUS-CPG) was released in August 2002. The Guideline release was accompanied by distribution of Tool Kits to all MTFs in August 2002 and a worldwide satellite broadcast in October 2002.

Slide 33 - What are the Key Points of the MUS-CPG?

This slide contains the key points of the MUS-CPG, which are:

- Establish the patient has MUS
- Obtain a thorough medical history, physical exam, and medical record review (Minimize low yield testing)
- Identify treatable cause(s) for patient's symptoms
- Determine if patient can be classified as Chronic Multi-Symptom Illness (CMI)
- Negotiate treatment options and establish collaboration with patient
- Provide appropriate patient and family education
- Maximize use of non-pharmacologic therapies e.g., Graded Aerobic Exercise and Cognitive Behavioral Therapy
- Empower patient to take an active role in his/her recovery

Slide 34 – MUS-CPG Resources

MUS-CPG resources include the Tool Kit that was developed to accompany the MUS Guideline; a Web Page on the PDHealth.mil Web site <http://www.pdhealth.mil/clinicians/mus.asp>; a training video with accompanying slides and script; and a tri-fold designed to explain the concept of medically unexplained symptoms to service members returning from deployment.

Slide 35 - Major Depressive Disorder Clinical Practice Guideline

The VA/DoD Clinical Practice Guideline for Management of Major Depressive Disorder in Adults was released in May 2000. It consists of 3 Clinical Modules: Primary Care, Outpatient Mental Health Care, and Inpatient Mental Health Care. Tool Kits were developed and distributed to all MTFs in July 2002 and worldwide satellite broadcast was made in September 2002. In December 2006, a VA/DoD Working Group began to review and update of the Guideline.

Slide 36 - What are the Key Points of the MDD-CPG?

The key points of the Major Depressive Disorder CPG are:

- Screening
- Identify emergencies
- Baseline assessment
- Assess for physical causes
- Psychiatric differential diagnosis
- Provide education, discuss options, and jointly choose therapy
- Determine site of care – Primary Care versus Mental Health
- Initiate and monitor the effectiveness of therapy via scheduled follow-up
 - Follow-up every 1-2 wks
 - Reassess & adjust at 4-6 wks & 12 wks

Slide 37 – MDD-CPG Resources

The VA/DoD MDD-CPG Tool Kit includes Brochures/Posters and a CD for patient education. The contents of the Tool Kit can be found on the PDHealth Depression Web Page <http://www.pdhealth.mil/clinicians/mdd.asp> and ordered from the MEDCOM QMO Web site <https://www.qmo.amedd.army.mil/>.

The Depression Page also includes: MEDCOM forms for documenting Outpatient Depression Visit and Behavioral Health Referral/Response and a Toolbox Card on MDD

Slide 38- Post Traumatic Stress Disorder Clinical Practice Guideline

The VA/DoD Clinical Practice Guideline for Management of Post Traumatic Stress Disorder (PTSD-CPG) was released in January 2004. It consists of the following 5 Clinical Modules:

- Core Module – Initial Evaluation and triage
- Module A1 – Acute Stress Reaction
- Module A2 – Combat, Ongoing Military Operation Stress Reaction
- Module B – ASD/PTSD in Primary Care
- Module C – ASD/PTSD in Mental Health Specialty Care

No Tool Kit or satellite broadcast accompanied the release of this Guideline.

Slide 39 - What are the Key Points of the PTSD-CPG?

The key points of the PTSD CPG are:

- Assess trauma exposure and symptoms
- Assess dangerousness to self or others
- Obtain medical history, physical exam and lab tests
- Assess functioning and risk factors
- Determine if there are significant symptoms of PTSD
- Determine if there are coexisting severe mental conditions or substance abuse
- Provide education, discuss options, and jointly choose therapy
- Determine site of care – Primary Care versus Mental Health
- Treat specific symptoms of PTSD
- Regular follow-up and monitoring

Slide 40 - Post Traumatic Stress Disorder Checklists, Primer and CPG Resources

The PTSD Page on PDHealth <http://www.pdhealth.mil/clinicians/ptsd.asp> contains:

- PTSD-CPG
- VA/DoD CPG Provider Reminder Cards and Guideline Summary
- Post Traumatic Stress Disorder Checklists (PCL):
 - Assesses trauma-related distress
 - Self-administered
 - 3 Versions
 - Civilian Version (PCL-C)
 - Military Version (PCL-M)
 - Stress Specific Version (PCL-S)
- Primer on PCL in PDH Toolbox

Slide 41 - Deployment Health Clinical Center - A DoD Center of Excellence

The DoD Deployment Health Clinical Center (DHCC) is the proponent for the VA/DoD Post-Deployment Health Clinical Practice Guideline. Information about the following services offered by DHCC can be found at http://www.pdhealth.mil/about_dhcc.asp:

- Clinical Services
 - Specialized Care Programs (An intensive, three-week, multi-disciplinary rehabilitation program for patients with:
 - Track I - Deployment-related chronic illness or Medically Unexplained Symptoms (MUS)
 - Track II - Post Traumatic Stress Disorder (PTSD) or difficulties re-adjusting to life upon redeployment after service in OIF/OIF)
 - Clinician and Service Member Helplines
 - Clinician Helpline provides clinical consultation, referral services for post-deployment health issues, and information on Post-Deployment Health Clinical Practice Guideline (PDH-CPG) implementation.
 - Service Member Helpline provides information and advice on deployment-related health concerns.
 - Worldwide Ambulatory Referral Program provides consultation and advice for

deployment-related health concerns.

- Outreach and Education
 - www.PDHealth.mil
 - Email Newsletter (An electronic newsletter published each business day that draws from publicly available sources to provide information on health issues related to military service, deployments, homeland security, and the War on Terrorism.
 - Deployment-Related Education Material
 - Staff Training and Assistance Team
 - Annual Conference (Deployment Healthcare Track in Annual USACHPPM Force Health Protection Conference)
- Health Services Research
 - Clinical Trials
 - Web-Based Treatment
 - Web-Based Training

Slide 42 - Questions, Information, Assistance